



11578.897

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Louis Pericard
U.S. Serial No. : 10/616,665
Filing Date : July 10, 2003
For : Means And Method For Filling Bag-On-
Valve Aerosol Barrier Packs
Examiner/G.A.U. : Huynh, Khoa D./3751

Bronxville, New York 10708
June 25, 2004

Commissioner of Patents
and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Sir:

This communication is responsive to the Official Action of
June 7, 2004.

The Examiner requires restriction to one of the following
inventions under 35 U.S.C. 121:

Group I - Claims 1 - 4

Group II - Claims 5 - 9

Group III - Claims 10 - 12

Applicant elects to continue prosecution of the subject
application with the claims of Group I, namely, claims 1-4.

Applicant traverses the requirement for restriction and reserves its right to file divisional applications directed to the claims of Groups II and III.

Respectfully submitted,

KILGANNON & STEIDL
Attorneys for Applicant

By: 

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06-289

Ifw



Practitioner's Docket No. 11578.897

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Louis Pericard

Application No.: ~~8~~ 10/ 616,665 Group No.: 3751

Filed: July 10, 2003 Examiner: Khoa D. Huynh

For: MEANS AND METHOD FOR FILLING BAG-ON-VALVE AEROSOL BARRIER PACKS

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is
 - ☐ a small entity. A statement:
 - ☐ is attached.
 - ☐ was already filed.
 - ☒ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

FACSIMILE

☐ deposited with the United States Postal Service with sufficient postage as ~~first class~~ mail, in an envelope addressed to the Assistant Commissioner for Patents, ~~Washington, D.C. 20231~~ P.O. Box 1450, Alexandria, VA 22313-1450

☐ transmitted by facsimile to the Patent and Trademark Office.

Express

Date: June 25, 2004

Signature

Kathleen Coughlin Foster

(type or print name of person certifying)

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. § 1.645 for extensions of time in interference proceedings, and 37 C.F.R. § 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

| Extension (months) | Fee for other than <u>small entity</u> | Fee for <u>small entity</u> |
|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> one month | \$ 110.00 | \$ 55.00 |
| <input type="checkbox"/> two months | \$ 390.00 | \$ 195.00 |
| <input type="checkbox"/> three months | \$ 890.00 | \$ 445.00 |
| <input type="checkbox"/> four months | \$ 1,390.00 | \$ 695.00 |

Fee: \$_____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this is a conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|--|--------------------------------------|------------------|---------------------|---------------|----|------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE |
| TOTAL | MINUS | = | x\$9 = | \$ | | x\$18 = | \$ |
| INDEP. | MINUS | = | x\$40 = | \$ | | x\$80 = | \$ |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | - \$135 = | \$ | | + \$270 = | \$ |
| | | | TOTAL ADDIT. FEE | \$ | OR | TOTAL ADDIT. FEE | \$ |

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ _____.

FEE PAYMENT

☐ Attached is a ☐ check ☐ money order in the amount of \$ _____

☐ Authorization is hereby made to charge the amount of \$ _____

☐ to Deposit Account No. _____

☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should *not* be included on this form as it may become public.

☐ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account
No. 11-0854

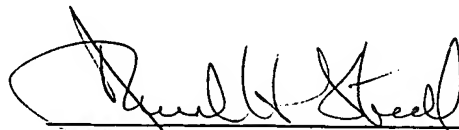
AND/OR

- ☒ If any additional fee for claims is required, charge Account
No. 11-0854

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Tel. No.: (914) 961-9460

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SIGNATURE OF PRACTITIONER

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